

# **ATTACHMENT**

## **J**

P.S. 6000.05  
September 15, 1999  
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## INFORMED CONSENT FOR ORAL MAXILLOFACIAL SURGERY

Procedure:

*Extraction #13 - Irreversible pulpitis 2° Deep cavity* <sup>original</sup>

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (Alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask questions about my surgery with

Doctor: Collins

I consent to the surgery as described.

Date:

11/27/02

Time:

1356 hrs

Patient's printed name and number

Hill, Michael 40428-133

Patient's signature

*Michael Hill*

Doctor's printed name

William F. Collins

Doctor's signature

*William F. Collins*

Witness (Not Required)

Institution:

F.C.T. McKean**\*\* SENSITIVE \*\***

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